

DO/EO WORKSHEET

U.S. Appl. No.

10/520271

International Appl. No.

IL2003/000589

Application filed by :

☐ 20 months☐ 30 months

WIPO PUBLICATION INFORMATION :

Publication No.:

WO2004/007697 A2Publication Language : ☒ English ☐ Japanese

Screening Done by :

☐ German ☐ French ☐ Other : _____

Publication Date :

Jan 22, 2004Not Published : ☐ U.S. only designated ☐ EP requestSLD

INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- | | |
|---|--|
| <input checked="" type="checkbox"/> International Application (RECORD COPY) | <input type="checkbox"/> International Appl. on Double Sided Paper (COPIES MADE) |
| <input type="checkbox"/> Article 19 Amendments | <input checked="" type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> PCT/IB/331 | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report |
| <input type="checkbox"/> PCT/IPEA/409 IPER (PCT/IPEA/416 on front) | <input type="checkbox"/> Search Report References |
| <input type="checkbox"/> Annexes to 409 | <input type="checkbox"/> Other : _____ |
| <input checked="" type="checkbox"/> Priority Document (s) No. <u>1</u> | |

RECEIPTS FROM THE APPLICANT (other than checked above) :

- | | |
|---|---|
| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :
1. <u>Jan 14, 2005</u> 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Description | <input type="checkbox"/> Information Disclosure Statement(s) Filed on :
1. _____ 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Claims | <input checked="" type="checkbox"/> Assignment Document |
| <input checked="" type="checkbox"/> Words in the Drawing Figure(s) - (# of dwgs. <u>8</u>) | <input type="checkbox"/> Power of Attorney/ Change of Address |
| <input type="checkbox"/> Article 19 Amendments
<input type="checkbox"/> english transl. of annexes NOT present
<input type="checkbox"/> entered <input type="checkbox"/> not entered :
<input type="checkbox"/> not a page for page substitution
<input type="checkbox"/> other : _____ | <input type="checkbox"/> Substitute Specification Filed on :
1. _____ 2. _____ |
| <input type="checkbox"/> Annexes to 409
<input type="checkbox"/> english transl. of annexes NOT present
<input type="checkbox"/> entered <input type="checkbox"/> not entered :
<input type="checkbox"/> not a page for page substitution
<input type="checkbox"/> other : _____ | <input type="checkbox"/> Small Entity |
| | <input checked="" type="checkbox"/> Oath/ Declaration (executed)
<input type="checkbox"/> surcharge was paid at the time of filing |
| | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing |
| | <input type="checkbox"/> Other : 1. _____ 2. _____ |

NOTES :

☒ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Jan 14, 2005

Date Acceptable Oath/ Declaration Received

Jan 14, 2005

Date of Completion of requirements under 35 U.S.C. 371

Jan 14, 2005

102(e) Date

Jan 14, 2005

Date of Completion of DO/EO 903 - Notification of Acceptance

July 19, 2005

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 906 - Notification of Missing 102(e) Requirements

Date of Completion of DO/EO 907 - Notification of Acceptance for 102(e) Date

Date of Completion of DO/EO 909 - Notification of Abandonment

Date of Completion of DO/EO 911 - Application Accepted Under 35 U.S.C. 111

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 920 - Notification to Comply w/ Seq. Requirements

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-19-05</u>		2 Serial/Patent # <u>10/520271</u>					
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED				
<input checked="" type="checkbox"/>	Filing		\$ <u>50</u>				
<input type="checkbox"/>	Amendment		\$				
<input type="checkbox"/>	Extension of Time		\$				
<input type="checkbox"/>	Notice of Appeal/Appeal		\$				
<input type="checkbox"/>	Petition		\$				
<input type="checkbox"/>	Issue		\$				
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$				
<input type="checkbox"/>	Maintenance		\$				
<input type="checkbox"/>	Assignment		\$				
<input type="checkbox"/>	Other		\$				
		7 TOTAL AMOUNT OF REFUND					
		\$ <u>50</u>					
		8 TO BE REFUNDED BY:					
		Treasury Check					
		Credit Deposit A/C #:					
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				--	
		--					
10 REASON:							
<input checked="" type="checkbox"/>	Overpayment						
<input type="checkbox"/>	Duplicate Payment						
<input type="checkbox"/>	No Fee Due (Explanation):						
<u>Credit Card Refund</u>							
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Principal Scientist</u>					
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308 9140 ext 211</u>					
OFFICE: <u>PCT DO/EO</u>							

THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: _____		DATE: _____					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-20-05

2 Serial/Patent # 10/520271

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing			\$ <u>150</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT
OF REFUND

\$ 150

8 TO BE REFUNDED BY:

10 REASON:

<input checked="" type="checkbox"/>	Overpayment
<input type="checkbox"/>	Duplicate Payment
<input type="checkbox"/>	No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9

		--				
--	--	----	--	--	--	--

Credit Card Refund

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Andersen

TITLE: Paralegal Specialist

SIGNATURE: John Andersen

PHONE: 308-9140 ext 211

OFFICE: PCT DO/EO

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: